## AMENDMENT TRANSMITTAL LETTER

Docket No. 47171-00283USPT

Filing Date Examiner Application No. **Art Unit** April 10, 2001 09/829724-Conf. #8425 A. A. Taylor 2876

Applicant(s): John E. Jones

Invention: REMOTE AUTOMATED DOCUMENT PROCESSING SYSTEM

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Pald	Number Extra Claims Present	Rate	
Total Claims		- 20 =	0	Х	
ndependent Claims			0	X	
Multiple Depend	dent Claims (ch	eck if applicabl	e)		
Other fee (pleas	se specify): E	Extension for res	ponse within fi	rst month	110.00
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:		110.00
x Large Entity	,			Small Enti	ty
	al fee is require	d for this amer	ndment		•
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FEE TRANSMILIAL			Application Number			09/829724-Conf. #8425		
for FY 2004		Filing Date				April 10, 2001		
101 F 1 2004	First Named Inventor		ntor	John E. Jones				
Effective 10/01/2003. Patent fees are subject to annual revision.		Examiner Name				A. A. Taylor		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit				2876		
TOTAL AMOUNT OF PAYMENT (\$) 110.00					47171-00	283USPT		
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
X Check Credit Money Other None	3. ADDITIONAL FEES							
Card Corder C								
Deposit Account:	Larg	e Entity	Small	Entity				
Deposit Account 10-0447	Fee	Fee	Fee	Fee	-	Fee Desc	ription	
Number	Code	(\$)	Code	(\$)			•	Fee Paid
Deposit Jenkens & Gilchrist, a	1051	130	2051	65	Surcharge -	- late filing fe	e or oath	
Name Professional Corporation The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – sheet.	- late provisio	onal filing fee or cover	
The Director is authorized to: (check all that apply)  Charge fee(s) indicated below X Credit any overpayments		130	1053	130		specification	n	
Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812				parte reexamination	
	1804	920*	1804	920*			of SIR prior to	
Charge fee(s) indicated below, except for the filing fee		i			Examiner ac Requesting	ction publication o	of SIR after	
to the above-identified deposit account.	1805	1,840*	1805		Examiner ac	ction		
FEE CALCULATION	1251 1252	110 420	2251 2252		Extension fo		n tirst month	110.00
1. BASIC FILING FEE Large Entity Small Entity	1252	950	2252		Extension fo			
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254				fourth month	
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255		Extension fo			
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of Ap		, mar monar	
1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brief		f an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403		Request for			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to in	stitute a pub	lic use proceeding	
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55		evive – unavi		
	1453	1,330	2453		Petition to re			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from	1501 1502	1,330 480	2501 2502		Utility issue	· •	16)	
Claims below Fee Paid		640	2502		Design issue			
Total Claims -20** = X = Independent	1503 1460	130	1460	130	Plant issue f	iee the Commiss	cioner	
Claims	1807	50	1807	50			CFR 1.17(q)	
Multiple Dependent					7		<b>\.</b> ,	
Large Entity Small Entity Fee	1806	180	1806				n Disclosure Stmt ssignment per	
Code (\$) Code (\$)	8021	40	8021	40	property (tim	nes number o	of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a subr (37 CFR 1.1		final rejection	
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each ad	ditional inver		
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	•	37CFR 1.129 Continued E	(b)) xamination (RCE)	
over original patent	1802	900	1802	900	Request for	expedited ex		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		fee (spec			of a design a	application		
SUBTOTAL (2) (\$) 0.00		uced by E	••	ling Fee	Paid	SUBTO	TAL (3) (\$)	110.00
**or number previously paid, if greater; For Reissues, see above	1,000	JUGU DY E	rasic Pl	mig Fee	aiu	30810	· ~= (3) [(4)	110.00
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Michael W. Maddox		ration No ey/Agent)	47	,764		Telephone	(214) 855-4614	
Signature Michael W. Madday Date 10-8-04								

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shown below.	$\mathcal{A}$
shown below. $10-9-14$	Signature: (Carol Martin)
Dated:	Signature: (Carol Martin)